

this power by imitation where it is possible, and where it is not—where he cannot obtain assistance, he will find directions in books on elocution, for the articulation of the elementary sounds. His practice should be conducted before a glass.

The rapid results produced by the system called Mrs. Leigh's, I have said were real. They were made, and can be made as speedily as I have declared. But though the cures appear perfect for the time, until they are confirmed by long habit, there is great danger of a relapse. In a few cases, they will remain permanent, but in a majority, unless the course is persisted in, the difficulty returns. Moreover, if the affection is produced, as I have said, by mental causes, as long as those causes remain in the mind unchecked, they will be constantly acting to reproduce the disease. *Causa non sublata, non tollitur effectus.*

Liability to embarrassment, or to be carried away by strong emotion, will constantly operate to produce a recurrence of stammering. Now this disease is different from all others, for the moment the patient who has imagined himself cured, hears himself stammer, he loses confidence; the fear of stammering returns, and causes him to stammer in his next attempt at utterance. Perfect self command, is, therefore, all important.

Whatever method may be employed for the relief of this affection, no permanent advantage will be gained, in the majority of cases, unless resolutely persevered in for one or two years. With this perseverance, it may be cured with as much certainty as any other chronic disorder, and this not by any new or patent method, but simply by attention to the course I have described.

Boston, August, 1837.

ART. V. *Clinical Report on the Surgical Department of the Philadelphia Hospital, Blockley, for the months of May, June, and July, 1837.* By WILLIAM E. HORNER, M. D., Surgeon, Professor of Anatomy in the University of Pennsylvania, &c.

As this institution presents the most extensive and complete example of a clinical establishment in the United States, the following summary of its features may be interesting to such as have not seen it. It is a portion of the Alms-house for the city and adjoining districts of Philadelphia. Its name is rather conventional than estab-

lished by law; but from its magnitude, and almost perfect insulation from other parts of the building, there are both propriety and convenience in a distinct title, which is now getting into use, though rather slowly.

It is of stone, rough-cast; presents to the south a front of five hundred feet, with the centre and extremities projecting; is three stories in height, with the stories averaging more than fifteen feet in the clear. The entire Almshouse consists of a hollow square, formed by the Hospital and three other buildings, of the same general appearance with the first, excepting that the one facing to the east presents a massive Doric portico of granite. The whole range, if in line, would make a three story building of eighteen hundred feet in length, and averaging nearly sixty-five feet in depth.

The Philadelphia Hospital contains eighteen wards, of forty-eight by forty-four feet, and six of forty-eight by twenty-two. Of these, there are eight wards, that is, two small and six large, on each floor, separated equally into east and west by the centre of the building, which thus has four wards on each side of it for each story, with a north corridor or passage ten feet wide. The eastern wards contain the men, and the western the women. The extreme ends respectively of the Hospital accommodate the lunatics of the two sexes, so as to furnish on each story forty lunatic cells, four mess rooms, and two nurses' rooms; in all one hundred and twenty cells and eighteen large rooms. There are, in addition, two large parlours and four yards attached to the cells.

The wards have all a delightful exposure to the south, giving a fine view of the river Schuylkill and the adjacent highly cultivated district of country. There being no impediment on that side, they are under the most favourable circumstances for a free and pure ventilation directly from the country. An extensive and well kept culinary garden belonging to the institution, is immediately below them on the same side.

The first story of the centre portion is occupied by the apothecaries' shop, the library, and the parlour for the prescribing and resident medical corps. Upon the second floor is the lecture room, measuring seventy-five feet six inches by fifty-two feet square, and having an elevation of thirty-two feet. In the centre of it is an area of seventeen feet in diameter, from which rise, by successive stages, eleven rows of seats.

The seats are elevated on the plan of an inverted cone, (not like a funnel, as is common in amphitheatres,) whereby every row of students has the same angle of demonstration over the heads of the row

in front. (An idea first suggested and carried into execution by myself, so far as I know, at the construction of the lecture rooms of the Medical Institute, and of the anatomical amphitheatre of the University in 1829.) This room is well lighted from above, and also on the sides, so as to render it entirely proper for delicate operations. The space left below the seats to the floor is occupied by four private wards for patients operated on, and by a consulting room for the surgeons, which also accommodates their instruments.

The surgical service of the above institution is conducted in twelve wards, intermingled with an equal number allowed to the medical service. My mode of attendance was to visit five or six times a week, there being four regular prescribing days, two for the male and two for the female side. This arrangement of duty enabled me to see almost every day such patients as were ill.*

The mean number of surgical patients obtained from four periods of the above mentioned tour of duty, was one hundred and twenty-three; the lowest sum at one time being one hundred and eight, and the highest one hundred and thirty-six. In the winter season the number ranges near two hundred. The patients are, with inconsiderable exception, adults, there seldom being six children at any one time, as their diseases are generally treated in another division of the Almshouse establishment called the Children's Asylum. Of the medium number, one hundred and twenty-three, eighty-four were males and thirty-nine females; eight of the former being black, and seven of the latter.

I have remarked on this, as on preceding tours of duty, that primary and secondary syphilis were comparatively rare among the blacks; gonorrhœa more common, especially among the males, than syphilis in all of its forms. The general impression in Philadelphia is, that the habits of sexual intercourse of these people are loose; under which admission they certainly present, in proportion to their whole number and their indigence in our population, much fewer cases of venereal affection than one would expect. The inquiry is therefore started, whether they are less liable to such diseases than the whites, or have them more mildly. Exact numerical returns from the different public institutions of our city, and other cities where they are treated in hospitals, would throw an interesting light on this subject. It may be here remarked that they are very liable to scrofulous affections of

*Some further details respecting this Hospital will be found in our Number for August, 1836, p. 301, &c.—ED.

the skeleton and skin, which, without due caution, might be attributed to secondary syphilis.

The following list will show the range of surgical diseases, and the highest number at once and lowest number also at once, of individuals under treatment for any affection named. In some instances the same patients continued in all the time; in others there was a succession of them.

Abscess, mammary,	1	Vesico-vaginal,	1
Abscess, common,	1 to 3	Vagino rectal,	1
Anthrax,	1 to 4	Fissure of Rectum,	1
Burn,	1 to 2	Furunculus,	1
Bite of Dog,	1 to 2	Fungus Hæmatodes,	1
Bladder, inflamed,	2	Frost bite,	1
Cellular Tissue, chronic inflammation of,	1	Gangrene, simple, of toe, dry, of foot	1
Contusion,	1 to 3	from typhus fever,	1
Calculus,	1	Hydrocele,	1
Caries of Spine,	1 to 5	Hæmorrhoids,	2
Petrus Bone,	1	Knee, inflammation of,	1
Cranium,	2	Luxation,	1
Carpus,	1	Leucorrhœa,	4 to 6
Tarsus,	2	Necrosis,	1
Os calcis,	1	Neuralgia of female mamma,	1
Cartilage in Knee Joint,	1	Ozena,	1
Coxalgia,	2 to 4	Prostate enlarged,	1
Elephantiasis Græcorum,*	1 to 2	Pain in thigh,	2
Eye, affections of.		Psoas abscess,	1
Amaurosis,	1 to 2	Paronychia,	1
Ectropium from burn,	1	Polypus of Nose,	1
Entropium,	1	Syphilis and Syphiloides.	
Conjunctivitis, acute,	1 to 3	Bubo,	2 to 4
chronic,	2 to 3	Chancre,	2 to 5
Ulcer of Cornea,	1 to 2	Gonorrhœa,	4 to 9
Iritis,	1 to 2	Phagedenic Ulcer of Penis,	1
Staphyloma,	1	Syphiloides serpigiosa,	1
Unguis,	1 to 2	Ulcers of Vagina,	2 to 3
Fistula Lachrymalis,	1	Ulcers of Palate,	2 to 3
Face, inflammation of,	1	Ulcers of Female Urethra,	1 to 2
Fracture,	1 to 5	Warts,	1 to 3
Fistula in Ano,	2 to 4		

* Both black; one a girl, the other a man.

Blotches, caries, ulcers, &c.,	7 to 11	Ulcers of Foot,	3 to 5
Sinuses,	1	Head,	1
Stricture of Urethra,	1 to 2	Sacrum from pressure,	1
Scrofula,	1	Neck,	1
Scabies,	1	Varicose veins with and without ulcer,	6 to 8
Testicle, inflamed,	1 to 3	Wound, incised,	1 to 3
Tinea Capitis,	1	punctured,	1
Tonsils, enlarged,	1	contused,	1
Ulcers of Leg, generally chronic,	20 to 37		

From the foregoing list it will be seen that about seventy-five specific forms of disease were treated, a very large majority of them being such as are in the daily walks of surgical practice, others are comparatively rare, and some few so uncommon as to be curiosities in their way. Taken in a group, their number and variety show that the clinical practice of the surgical wards presents a very extensive field for the observation of the phenomena of disease, and for determining the value of treatment.

Operations were not infrequent: to young medical men they constitute the most engaging feature of surgical business; to such as are older, and when the judgment is more calm, they are viewed for the most part as mere substitutes to more desirable but unknown modes of treatment, except when they are called for by sudden injuries effecting a mechanical lesion, and therefore requiring a mechanical reparation.

The following *operations* were performed, besides several of less importance:

The opening and management of large abscesses. Relieving an adhesion of the arm to the side, produced by an extensive burn. Chiselling away the dead bone of a carious cranium and face. Heurte-loup's operation for urinary calculus. Two amputations of leg. One amputation of forearm. Setting and dressing eight recent fractures. Three operations for fistula in ano, by seton. One operation for fissure of rectum by actual cautery. Removal of fungus hæmatodes from side of head. An operation for radical cure of hydrocele. One for ectropium. One for entropium. One for pterygium. One for vesico-vaginal fistula. One for recto-vaginal fistula. One for polypus narium.

When I first took charge of the wards, in the month of May, cases of anthrax were of frequent occurrence; none of them, however, of very great extent, their size ranging from that of a black walnut to a filbert. They were managed successfully and without difficulty, by

the free application of caustic potash to them, on the plan recommended by Dr. Physick, and until the gangrenous portions had been completely corroded by it. The subsequent use of emollient poultices made them heal up very rapidly.

The amputations performed were all for caries; two of the tarsus and one of the carpus. The current practice of Philadelphia in similar cases is to endeavour to effect a cure by rest, a diet somewhat regulated, and the various officinal preparations of sarsaparilla, either with or without very small doses of corrosive sublimate or some other mercurial. My own experience is, that when the joints of the tarsus or carpus are opened or exposed to any extent from the progress of this affection, such treatment, or any other in use that I know of, is so uncertain as to be unworthy of confidence, and can scarcely be considered remedial. The native powers of the constitution sometimes enable one to pass through the stages of carious carpus, leaving, however, the forearm shrivelled, and the tendons of the wrist and of the fingers fixed and adherent; so that the mildest termination is an extremity incapable of executing its flexions and motions generally. The progress of caries of the tarsus is, however, such as to lead almost inevitably to a fatal termination, by the development of tubercles in the lungs and the general vitiation of the solids and fluids of the body, and especially the lymphatic system. In view of this almost certain tendency a surgeon should, at a period much earlier than common, before the extreme emaciation, the hurried respiration, and the pulse beating from one hundred to one hundred and forty or more in a minute, anticipate these evils by amputation. One of the patients with carious tarsus was lost by such delay.

It may be canvassed, whether the surgery of our city is in so sound a state as it ought to be in this complaint, and in many severe and sudden injuries affecting the extremities: I allude especially to compound fractures, lacerations, and comminutions; owing to the extreme reluctance to perform amputation, and the strong desire to make a distinguished cure of a very unpromising accident. In the course of things such remarkable cures do happen; but they are so few, and at such long intervals of time, that they can scarcely be considered as representing rules of practice, and are rather exceptions to ordinary results, being obtained at a large sacrifice of life in other instances.

Fistula in Ano.—The common mode of treating this disease now is by a division of the sphincter ani. My own impressions are in favour of the seton, and the cases treated were in that way. The time was too short to exhibit results; but from preceding experience,

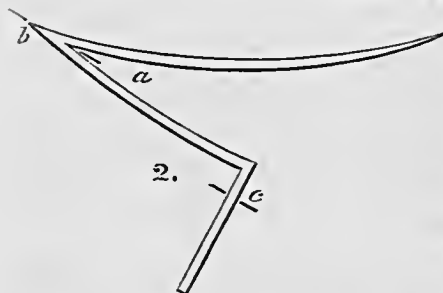
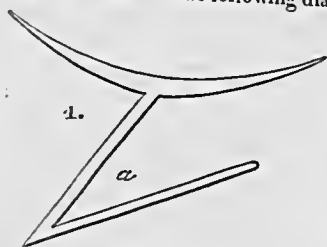
and especially when the constitution is impaired, it appears to me to be the best of the several modes.

Hydrocele.—The injecting process with wine or a solution of sulphate of zinc, also the seton, has a degree of uncertainty frequently productive of disappointment, and leaving much to be desired. In the solitary case which presented itself, and where injection had failed in the private practice of another surgeon, I cured the patient without trouble by the old plan of laying open the tunica vaginalis freely, and introducing a fine linen rag, which was retained till suppuration followed. The cavity contracted gradually, and was obliterated in about three weeks.

Coarctation from Burn.—The difficulty of correcting deformities depending upon the cicatrix of an extensive burn, is among the most insurmountable in surgery. It is well known that the cellular substance left or regenerated under such circumstances, is deficient in the normal laxity, flexibility, and easy sliding motion of the laminae over each other; becomes hard, thickened, and is transformed into firm elastic masses or layers, exhibiting a state called *inodulc* by Mr. Delpech, (*Clinique de Montpellier*, tome ii. p. 379.) The same condition also exists in the skin, whose organization is then still less normal than the cellular substance. A patient named M'Cullough, a weaver by trade, aged about 40, who had been exposed to the accident of fire, which burnt very extensively the right side of the chest and the contiguous part of the arm, being treated at home for the injury, it was allowed to be repaired in such a way that when the sore was reduced to the size of the palm of the hand, the arm was pinioned to the side by the anterior and posterior folds of the arm-pit; which extended nearly to the middle of the arm, and by their inodulous state fixed it almost immovably to this position. The arm-pit itself was converted into a narrow cylindrical cavity, about large and deep enough to receive the whole of a finger. To relieve this, the folds of the arm-pit anteriorly and posteriorly were cut through to the margin of the pectoralis major and of the latissimus dorsi, and in the progress of the treatment the arm was kept constantly more and more separated from the trunk, so that it finally acquired a susceptibility of extension amounting almost to a right angle, and quite sufficient for the exercise of his trade. When my term of service expired the sore was about the size of a dollar, and promised to be entirely well in a short time.

Coarctation of Eyelid, Ectropium.—A. Curry, aged 42, a labourer, of good constitution, had an ectropium of the lower lid of the right eye, arising from loss of skin on the cheek by a burn four years ago.

The whole of the tarsus cartilage was permanently everted by the shortening of the contiguous skin when the part healed. The conjunctiva of the lid was exposed nearly half an inch in breadth, was highly inflamed, ulcerated, with scabs on it, and much thickened. The deformity was such as to make his appearance very disagreeable; and to that disadvantage was added the pain and paroxysms of additional inflammation from dust and moats getting into the eye when he attempted to work at his vocation. The loss of substance, and the ectropium depending on it, was successfully treated by the following plan:—An incision, two inches in length and down to the bone, was made parallel with and at the inferior margin of the orbicularis muscle. The whole thickness of the eyelid was then dissected up from the adjoining bones. From about the middle of that incision started another, of an inch in length, downwards towards the angle of the jaw. From the termination of the latter another incision of the same length was directed towards the root of the nose. The two last incisions consequently defined an angle of integuments, which, being dissected up as far as its base, was then turned into the beginning of the first incision. The following diagram will illustrate the operation.



The angle A, *Fig. 1*, taken from the cheek, was inserted into the lower eyelid, as seen in *Fig. 2*, and a pin fixed at *b* and another at *c*, so as to keep the parts in place. An almost immediate correction of the deformity ensued. Common dressings were put on, and at the end of two weeks the cure was

accomplished, with the exception that the margin of the lid was rather loose, but still leaving the prospect of that being corrected by a natural process of shortening in due time. He, in fact, was so far well, that he was discharged

from the wards a week or two afterwards. This may be considered

as one of the numerous illustrations now in progress of the value of looking to contiguous sound parts to supply the losses from disease or accident; a practice which, beginning with the nose, at a very remote period on the banks of the Ganges, has been variously modified to suit different organs, according to their respective exigencies.

Leucorrhœa.—The results of a treatment of three cases of women of the town, whose leucorrhœas it is extremely difficult to distinguish from blennorrhagia and the reverse, excited strong hopes that this obstinate affection is susceptible of an improved mode of cure, the first idea of which originated, I believe, in the French capital; to wit: that of cleaning out the vagina well every day with some abluent, and then packing it full and systematically with lint, by the aid of a speculum; the first step of the dressing being to keep off the lips of the womb from the vagina, by filling up the connecting depression.

The detergent used in one of the cases was the liquor sub-acet. plumb., and the vagina was afterwards plugged with cotton. An ulcer existed at the beginning on a lip of the womb. This patient, from being stationary previously, improved rapidly under the treatment. My tour of service being brought to a close, she was subsequently put on copaiba mixture by my successor, Dr. Pancoast, and is now (September 7th) nearly well.

A second patient was cured very rapidly and perfectly, by the daily plugging of cotton, and cleansing with soap and water. The treatment lasted about two weeks, at the end of which time she was seized with symptoms of inflammation of the womb, which also got well. Whether the latter disease was a consequence of the treatment, or merely a concomitant of the other, cannot be determined until more cases managed in this way are brought before the profession.

A third case was cured in eighteen days, and without accident, by daily plugging with cotton and washing the vagina clean.

In following up the treatment of the preceding cases, I was much assisted by the assiduity and ready co-operation of Dr. Frisby, one of the resident physicians of the house.

Syphilis.—A mere clinical report must exclude discussion; without entering, therefore, into the merits of the two systems of practice that now prevail, to wit, the mercurial and the anti-mercurial, I must affirm, that in several cases of secondary syphilis, the cure appeared to me, to be evidently accelerated by mercurials. The quantity administered was kept within the limits producing salivation. The preparations which I preferred were the blue pill—corrosive sublimate—and iodine of quicksilver. The latter was administered with

surprising efficacy in the case of a child two or three years old, who had hereditary syphilis, showing itself by a chronic efflorescent eruption, with disease of the metacarpus and metatarsus. In ulceration of the palate, it appears to me that there can be no more efficient treatment than an abstemious regulated diet—blue mass to the amount of six grains daily—and the application of lunar caustic daily to the surface of the sore, so as to cover it completely with a thick, well formed eschar. The rigidity of the pharynx and fauces, which attends this affection, may be much relieved by hot gargles of the infusion of sage with borax and honey in it.

The blue pill had also very evidently a strong controlling influence over the copper coloured and other eruptions, belonging to the genus of syphiloid affections.

Acute Gonorrhœa in Males.—In this affection the symptoms being so distinct as to leave no doubt of their nature: the piper eubeba exhibited the most marked and incontestable influence. In nine cases seven were cured on an average treatment of ten or twelve days; an eighth was relieved, but not cured; and in the ninth the remedial value was unsettled, perhaps nugatory. The plan of treatment was to resort to blood-letting, when there was plethora, and the pulse full; to open the bowels freely with a saline cathartic, to keep the patient on a vegetable diet; and then to administer a drachm morning, noon, and night of the powdered cubebs, directing during the continuance of this course, to use as little water or diluent drinks as possible.

My former mode having been principally the use of astringent injections and cathartics, I may now safely say, that at no preceding tour of duty, have I found the cases of gonorrhœa so effectively treated.

In some cases I used on comparative trial, the balsam of copaiba, but not so frequently as the cubebs, and with results much less beneficial, it appears indeed to be an agent of much inferior power.

Calculus removed by Lithotripsy.—Morehouse, aged 36, has had symptoms of calculus since he was sixteen; and suffered so much from them, that he was frequently induced to drink excessively, to assuage his pain. This latter practice had produced for some time habits of intemperance, which he says he had abandoned for a year or more. He is a labourer, of good constitution, and full stature. The calculus was from sixteen to twenty lines in diameter.

After having kept him on a low diet for a week, I operated on him the 7th of July, with Heurteloup's instrument, having previously filled the bladder with four ounces of tepid barley water. In a sitting of from fifteen to twenty minutes, the calculus was reduced to fragments of various sizes, some of them that of sand. The operation

was attended with a considerable discharge of clotted blood, and some pain, magnified, however, by the timidity of the patient.

The procedure of the operation was partly by striking with a hammer, and partly by screwing up the instrument. After having comminuted the stone considerably, I then introduced Jacobson's instrument to finish the trial with, but from the refractory state of the bladder it could not be used without risk of injuring the neck of the latter, it was, therefore, withdrawn.

In half an hour after the operation, I found the patient sitting up; he said that he felt easier than he did before the operation. The next day he was feverish, with pain in the hypogastric region, and quick pulse; he was, therefore, bled to the amount of sixteen ounces, and took the neutral mixture every two hours. In the course of this day he discharged sabulous matter.

On the 9th of July, the preceding symptoms of indisposition had abated, but his testicles and epididymes became swollen and painful, attended with pain in the small of the back. Forty leeches were applied to the scrotum.

On the 14th of July, the symptoms having disappeared, I re-applied Heurteloup's instrument, and in a few minutes comminuted by the same procedures several of the large fragments. He discharged immediately a considerable quantity of calculous matter, and continued to do so during the day, whenever he urinated, with putting the neck of the bladder in the most depending position.

Between the 14th and the 17th, he had discharged a dessert-spoonful of the calculus: at the latter period I performed a third operation, and comminuted what remained.

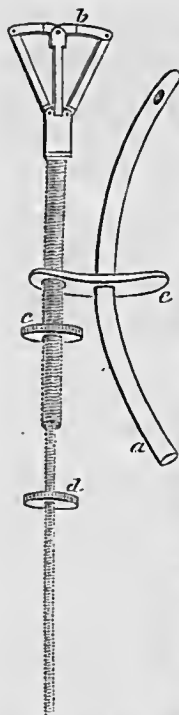
An examination on the 21st, found him with his bladder perfectly freed from calculus, and without more than a healthy sensibility.

On weighing all the fragments, they amounted to two drachms and ten grains, and belonged to calculous formations of the hardest kind.

Vesico-vaginal Fistula.—The present state of the curative attempts in this disease leaves much to be desired, and the truly miserable condition in which its victims are placed, can scarcely fail to excite the sympathy of every one understanding its nature. The following suggestion is, therefore, presented as a basis for some new attempts: to wit, to bring the *womb* so far down in the vagina that its anterior face may be so fixed as to supply the loss of the *inferior fundus* of the bladder and *its neck*. This idea was put on trial in the following case.

Catharine Hurley, a short, robust woman, of good conformation in the pelvis, and aged about thirty, from some mismanagement in par-

No. XLI.—NOVEMBER, 1837. 10



a Catheter, with its shoulder c.

b Ephleometre.

c Sliding part, cut in screw fashion, with a nut.

d The handle, cut in screw fashion, with nut.

The nut of d prevents, by being screwed up, the part at b from closing. The nut of c prevents the catheter from being forced out of the bladder, inasmuch as it would arrest the shoulder.

turition two or three years ago, suffered a slough of the greater part of the vesico-vaginal partition, the consequence of which is a constant stillieidum urinæ, keeping her person in a state of ammoniacal fœtor, and excoriating extensively her pudendum and thighs. Thinking her's a suitable case for experiment; after having previously tried it on a dead subject, where I made an artificial vesico-vaginal fistula; I resorted to the following process.

A silver instrument of four inches in length, resembling a female catheter, but having a broad circular shoulder in the middle, was provided for the bladder. Another instrument, founded upon the idea of the ephleometre* of Mr. Guillon, and resembling in its construction an umbrella frame deprived of all its arms but two, and they cut off beyond the second joint, was provided for the uterus. It was made to expand like an umbrella and to close in the same way; and when expanded, it assumed at its upper part a triangular form, of the shape and dimensions of the cavity of the womb, but when closed, it was a cylinder of three lines in diameter. This instrument, when closed, could be readily introduced into the womb and afterwards expanded there, which expansion gave a complete command of the position of the womb, for by the handle of the instrument the womb could be drawn down at pleasure or shoved back, or, in fact, directed in any way.

The first instrument being introduced through the urethra into the bladder, after the second was expanded in the womb, the bladder was shoved back by the shoulder of the catheter, and the womb brought down by the ephleometre.

* *Medicine Operat.*, par M. Velpeau, planche xx., fig. 11. The name, I presume, is from the action of the instrument *Εφαξια*, *atraho*, *Mitger*, *mensura*. It is intended to draw the womb down in the excision of its neck; which operation is frequently performed by Mr. Lisfranc of Paris; but, according to verbal reports on the subject, with a very great loss of patients; so much so as almost to have discredited it entirely.

The handle of the latter was carried through a hole in the shoulder of the catheter, and fixed in its proper position, so as to be stationary. The relative position of the womb and bladder was now such that the womb plugged up the opening in the fundus of the bladder, and it only required the surfaces in contact to form adhesions for a cure to be the result. To facilitate those adhesions, the edges of the fistula were touched with lunar caustic.

Catharine Hurley wore this apparatus for two days without much inconvenience; there were, however, some mechanical defects in the construction of the catheter, which made it more painful than it need be, and I took it out to undergo amendment. Her intellects being extremely feeble, she did not seem to feel either the physical or moral value of a cure, and became unmanageable, interposing a great many unnecessary obstacles to a second adjustment of the apparatus. She finally declined further treatment, so that she was abandoned at this stage.

A judicious application of this apparatus and treatment ought to be successful in many cases now considered incurable. The constitutional irritation from having the womb fixed in the way alluded to, and which I had apprehended, was unperceived in Hurley; but perhaps in a female of greater refinement there might be more disturbance. The appreciation of this point, once settled favourably by observation on a multitude of cases, I can scarcely doubt that the method of treatment here proposed and instituted must have a decided superiority in the cases generally of vesico-vaginal fistula, over the treatment by suture. I have myself not been able to succeed by the latter, owing to the stitches not holding long enough to be available; and I am disposed to believe that such is the common experience in the trials of them, though there appear to be a few cures. The cure by stitch must be absolutely impracticable whenever the slough takes away the ureters along with the fundus of the bladder; a condition which, from what I have seen, is as common as any other, if not more so. My plan will at least be preferable there.

Recto-Vaginal Fistula, treated by division of sphincter ani muscle.
—This malady, arising from a slough produced by parturition, though not so harassing as the other, is almost on the same footing of incurability. The difficulty of retaining sutures availably in place is the same; they soon come away, or are torn out.

Having in the wards a coloured woman named Brown, aged about 35, and of pretty good constitution, I undertook to treat her by paring away the callous edges of the fistula, fixing the opposite sides together longitudinally by two stitches, and then dividing the sphincter ani

muscle, so as to prevent the possibility of the stitches being torn out in the defecation.

This woman having undergone the operation very patiently, and being, in the course of treatment subsequent thereto, got into a paroxysm of violence and indocility which counteracted every thing, and produced an erysipelatous inflammation of the pudendum, which rendered the attempt futile for the time, and the termination of my tour of duty, prevented the renewal of the experiment on her.

The plan, however, of treatment appears to be, if properly conducted, quite as promising as the division of the sphincter ani for fissure of the rectum; and it would at least be a valuable contribution to our professional archives to exhibit its results upon several cases.

Philadelphia, September, 1837.

ART. VI. *Cases of Extensive Malignant Disease with Remarks.*

By E. HALE, M. D. [Read before the Boston Society for Medical Improvement.]

Pathological observations, to be of any great value, require not only to be made with accuracy and care, but also in considerable numbers, that the different phases of disease may be compared; the phenomena that are constant, in similar diseases, distinguished from those that are accidental: and legitimate deductions drawn from the aggregate result. A single case establishes little or nothing. But a physician in general practice, unconnected with a large Hospital, has too few opportunities to see such diseases as are of rare occurrence, to be able to bring together any considerable number of observations, in regard to them. He must, therefore, do nothing towards the advancement of pathological knowledge, or must be content with a lower grade of utility, by collecting his cases into such smaller groups, as he may have opportunity to form, and leave it to others to analyze them more fully. It is in this humble view of their value that the following cases are communicated, as not altogether devoid of interest; although much less satisfactory than they might be, if the means were presented of a more extensive comparison with others of analogous character.

CASE I.—*April 28, 1837.* Mrs. S., widow, aged 57 years, has borne children; has been gradually losing health, during the whole winter and spring, and perhaps longer. She has no very distinctive